
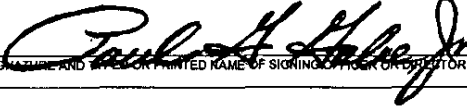


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90102 041 \*\*\*150.00

**40061510**

DOCUMENT # J85360			
1. Entity Name STAR CASUALTY INSURANCE COMPANY			
Principal Place of Business 3750 WEST FLAGLER ST. MIAMI, FL 33134-1602		Mailing Address 3750 WEST FLAGLER ST. MIAMI, FL 33134-1602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRELLA, NICOLAS ✓ 3750 W. FLAGLER ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P MOSE, DONALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8750 W. FLAGLER ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRELLA, JOSEFINA ✓ 3750 W FLAGLER ST. MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D GABE, PAUL G. JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8750 W. FLAGLER ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, LIDIA // <input type="checkbox"/> Delete 3750 W FLAGLER ST. MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAJAC, ALEJANDRO R. ✓ <input type="checkbox"/> Delete 3750 W. FLAGLER ST. MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESTRELLA, RICHARD ✓ <input type="checkbox"/> Delete 3750 W FLAGLER ST MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMUNDO, MARIA ✓ <input type="checkbox"/> Delete 3750 W FLAGLER STREET MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REMUNDO, MARIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-20-06 (305) 442-2276	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	